

AMENDMENTS TO THE CLAIMS

The following Listing of Claims replaces all prior versions, and listings, of claims.

LISTING OF CLAIMS

1. – 31. (Cancelled).

32. (Currently Amended) A method of treating a critically ill patient or a critically ill polyneuropathy (CIPNP) patient having a blood glucose level of greater than 130 mg/dL, said method comprising administering to said critically ill patient or CIPNP patient a blood glucose regulator selected from the group consisting of insulin, an insulin analogue, an active derivative of insulin or an insulin analogue, and a physiologically acceptable salt of said derivative in an amount effective to reduce blood glucose levels in said patient to within a range of from about 60 mg/dL to about 130 mg/dL, wherein said blood glucose regulator is administered intravenously and continuously infused to said patient as needed for at least 24 hours and the blood glucose level is maintained within a range of from about 60 mg/dL to about 130 mg/dL for 24 hours or more and wherein said treatment reduces the incidence of mortality in critically ill patients or CIPNP patients.

33-92 (Cancelled)

93. (Currently Amended) A method of treating a critically ill patient or a critically ill polyneuropathy (CIPNP) patient having a blood glucose level of greater than 130 mg/dL, said method comprising administering to said critically ill patient or CIPNP patient a blood glucose regulator selected from the group consisting of insulin, an insulin analogue, or an active derivative of insulin or an insulin analogue, and a physiologically acceptable salt of said derivative in an amount effective to reduce blood glucose levels in said patient to within a range of from about 60 mg/dL to about 130 mg/dL, wherein said blood glucose regulator is administered intravenously and continuously infused to said patient as needed for at least 24 hours and the blood glucose level is maintained within a range of from about 60 mg/dL to about

130 mg/dL for 24 hours or more and wherein said treatment reduces the incidence of critical illness polyneuropathy in critically ill patients or CIPNP patients.

94 (Currently Amended) A method of treating a critically ill patient or a critically ill polyneuropathy (CIPNP) patient having a blood glucose level of greater than 130 mg/dL, said method comprising administering to said critically ill patient or CIPNP patient a blood glucose regulator selected from the group consisting of insulin, an insulin analogue, or an active derivative of insulin or an insulin analogue, and a physiologically acceptable salt of said derivative in an amount effective to reduce blood glucose levels in said patient to within a range of from about 60 mg/dL to about 130 mg/dL, wherein said blood glucose regulator is administered intravenously and continuously infused to said patient as needed for at least 24 hours and the blood glucose level is maintained within a range of from about 60 mg/dL to about 130 mg/dL for 24 hours or more and wherein said treatment reduces the incidence of sepsis in critically ill patients or CIPNP patients.

95 (Currently Amended) A method of treating a critically ill patient or a critically ill polyneuropathy (CIPNP) patient having a blood glucose level of greater than 130 mg/dL, said method comprising administering to said critically ill patient or CIPNP patient a blood glucose regulator selected from the group consisting of insulin, an insulin analogue, or an active derivative of insulin or an insulin analogue, and a physiologically acceptable salt of said derivative in an amount effective to reduce blood glucose levels in said patient to within a range of from about 60 mg/dL to about 130 mg/dL, wherein said blood glucose regulator is administered intravenously and continuously infused to said patient as needed for at least 24 hours and the blood glucose level is maintained within a range of from about 60 mg/dL to about 130 mg/dL for 24 hours or more and wherein said treatment reduces the incidence of renal failure in critically ill patients or CIPNP patients.

96 (Currently Amended) A method of treating a critically ill patient or a critically ill polyneuropathy (CIPNP) patient having a blood glucose level of greater than 130 mg/dL, said method comprising administering to said critically ill patient or CIPNP patient a blood glucose regulator selected from the group consisting of insulin, an insulin analogue, or an active derivative of insulin or an insulin analogue, and a physiologically acceptable salt of said derivative in an amount effective to reduce blood glucose levels in said patient to within a range of from about 60 mg/dL to about 130 mg/dL, wherein said blood glucose regulator is administered intravenously and continuously infused to said patient as needed for at

least 24 hours and the blood glucose level is maintained within a range of from about 60 mg/dL to about 130 mg/dL for 24 hours or more and wherein said treatment reduces the incidence of multiple organ failure in critically ill patients or CIPNP patients.

97 (New) The method of claim 32 wherein the critically ill patient or CIPNP patient is a patient who has been diagnosed as having diabetes.

98 (New) The method of claim 97, wherein the blood glucose regulator administered to said patient is Asp^{B28} human insulin.

99 (New) The method of claim 93 wherein the critically ill patient or CIPNP patient is a patient who has been diagnosed as having diabetes.

100 (New) The method of claim 99, wherein the blood glucose regulator administered to said patient is Asp^{B28} human insulin.

101 (New) The method of claim 94 wherein the critically ill patient or CIPNP patient is a patient who has been diagnosed as having diabetes.

102 (New) The method of claim 101, wherein the blood glucose regulator administered to said patient is Asp^{B28} human insulin.

103 (New) The method of claim 95 wherein the critically ill patient or CIPNP patient is a patient who has been diagnosed as having diabetes.

104 (New) The method of claim 103, wherein the blood glucose regulator administered to said patient is Asp^{B28} human insulin.

105 (New) The method of claim 96 wherein the critically ill patient or CIPNP patient is a patient who has been diagnosed as having diabetes.

106 (New) The method of claim 105, wherein the blood glucose regulator administered to said patient is Asp^{B28} human insulin.